DECLARATION FOR UTILITY OR

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Attorney Docket Number

OF 02

Vander Woude, Keith

First Named Inventor

		DESIG	N		Vander Woude, Keith						
	PATEN	T APPL	ICATION		COMPLETE IF KNOWN						
(37 CFR 1.83)					Application N	humber					
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This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which to to file (and) by the USPTO to process) an application. Confidentially is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is settinated to take 21 minutes to ... complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comprised, instantly generally properties to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, constructed on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS. TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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Name Evan D. Roberts Law Offices of Evan D. Roberts											
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Country	U.S.A. Telephone 708-258-63					Fex 708-258-6			58-60	5019	
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	SOLE OR FIRST IN	VENTOR:		Ap	etition	_			ls unsig	ned inventor	
	Given Name (first and middle [if any]) Keith Vander Woude Family Name or Sumame										
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Residence		State			Cou	•			4	mship	
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NAME OF	SECOND INVENTO	IR:				Ap	etition	has be	en fled	for this unsigned inventor	
Given Name : Family Name (first and middle [if any]) or Sumame											
inventor's Signature										Date	
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PTO/SB/02LR (06-03)

LEGAL REPRESENTATIVES (35 U.S.C. 117)

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DECLARATION	Suppl mer	Page						
Name of Legal Representativ :	A petiti	on has been flee	I for this non-signing le	gal representa	tive			
Given Name (first and middle (if any))	Family Name or Surname							
Evan D. Roberts								
Legal Representative's Suran DR	rero		Date July 15 , 2003					
Residence: City Peotone	State	IL Country U.S.A. Citizenship U.S.						
Mailing Address P.O. Box 369								
Mailing Address -	···········							
city Peotone		State IL	Zip 60468-03	69 Country	U.S.A.			
Name of Additional Legal Representative, if any	as been filed for this n	on-signing lega	al representative					
Given Name (first and middle (if any))		Family Name or Surname						
Legal Representative's Signature								
Residence: City	State		Country	Citizenship				
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City	State)	Zip	Country				
Name of Additional Legal Representative, if any: A petition has been filed for this non-signing legal representative								
Given Name (first and middle (if any))	Family Name or Surname							
Legal Representative's Signature		Date			·			
Residence: City	State	Country Citizenship						
Mailing Address								
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		Application					
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· ·	Title		PORTABLE POST SUPPORT				
AUTHORIZATION	Art Volt						
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		Attorney D	schot Numb	₩ 0503			
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Address	P.O. Box 369						
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Country	U.S.A.					·	
Telephone	708-258-6318		Fax	708-258	-6019		
Applicant/Inventor. Assignee of record of the Statement under 37 CFR	online interest. See 37 CFR 1.73(b) is enclosed. (Form	9,71. PTO/SB/96).					
	SIGNATURE of	Applicant or A	salgnee of	Record			
Name Keith Vander	تعريب والمسجود والمراجع						
Signature Zullallu	جو وي المساولة المساو			Yelenhada		22.0022	
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